. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035618
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 604

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1200 Nooney st. — Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) 1200 Nooney St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Dovie	Middle	Last: Howard	4. DATE OF DEATH Month Day Year: 10-9-1958	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 6-25-1892	9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Jefferson County, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Alfred M. Howard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT: Louise Lloyd, Address: St. Louis, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Insufficiency	One week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	2 yrs
DUE TO (c)	Hepatitis	2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-1-58, to 10-9-58 and last saw her alive on 10-5-58

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. H. Burton (Degree or title) MD	22b. ADDRESS: Poplar Bluff, Missouri	22c. DATE SIGNED: 10-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 10-13-1958	23c. NAME OF CEMETERY OR CREMATORY: Ellington Cemetery	23d. LOCATION (City, town, or county) (State): Iron County, Mo.
24. FUNERAL DIRECTOR: Greer Croy & Fitch,	ADDRESS: Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG.: 10/17/58	26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 22 1958
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ray R. Adams

Licensed Embalmer No. 4928

P. O. Address Rolla Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.